

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Michael D Andrews

Write the full name of each plaintiff.

-against-

New York City - Bico, NYPD,
Evans, NYFD, NYCH+HS, All
Jon Doe's, to be later named

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

123 CV 06968 MMG

(Include case number if one has been assigned)

Amended
COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

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NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Why was I kidnapped, I did not hurt myself
or anyone else for trying to forced me drugs
with no medical ^{and} diagnosis. they had no right
or legal basis to detain me.

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____
 (Plaintiff's name)

 (State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

 If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

<u>Michael</u>	<u>D</u>	<u>Andrews</u>
First Name	Middle Initial	Last Name
<u>88-50 179st Apt 4C</u>		
Street Address		
<u>Jamaica</u>	<u>Ny</u>	<u>11432-4718</u>
County, City	State	Zip Code
<u>646-483-4225</u>	<u>Mike33390D3a@gmail.com</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

RICO PDNY

First Name

Last Name

EMS

Current Job Title (or other identifying information)

Nyc

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 2:

NYPD Evans

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 3:

Nyc HHH All John Doe's

First Name

Last Name

All Dcs from the time I got here

Current Job Title (or other identifying information)

82-68 1645+

Current Work Address (or other address where defendant may be served)

Jama queens

County, City

Ny

State

11432

Zip Code

Defendant 4: Nyc Health + Hospitals
 First Name Last Name
All Defendants to Be named
 Current Job Title (or other identifying information)
82-68 - 164th St Queens NY
 Current Work Address (or other address where defendant may be served)
Queens NY 11432
 County, City State Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: (1) 88-50 179th Jamaica / 82-68 - 164th Queens NY

Date(s) of occurrence: June 19, 2023, 11:39 AM one

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Just to add to the original complaint after Ems worker Rico spitefully try to take me to the Hospital, so we waited for a Sergeant from the NYPD. So (Everyone) came and violate my Rights by letting take to the hospital the intake nurse, intake person in the Psychiatric unit the older Black guy - for letting NYPD but we have the black lady nurse to try to give me drugs I did not need the ~~Dr.~~ Dr. the Held me on June 19 for a day in a place I was not supposed be, for me to be in the Hospital I did need to be there ~~for my~~ for some of my neighbors where I live have

History of harassing individuals in the building
Before making hostile decision because I
gave no reason in my behavior or speech
to take me to hospital

Please add 1 Complaint I don't
have the money to get a copy and
I need everything in this complaint.
I have proof pictures I can't breathe properly in
my apartment can't sleep and the neighbors a still
INJURIES: harass me not safe for me

I will add more.
If you were injured as a result of these actions, describe your injuries and what medical
treatment, if any, you required and received.

Being kidnapped, being held against my will
trying to offer me drugs I did not need
food and in a not safe and clean place
for me that made me sick for more
then 6 months

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

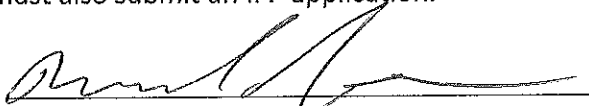
3 million or a settlement, and for all
individuals to be ~~fixed~~ or trained on constitutional
rights by law.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

9/27/24
 Dated _____

 Plaintiff's Signature _____
Michael Andrews D Andrews
 First Name Middle Initial Last Name
88-50-179st Art YC
 Street Address _____
Jamaica WY 11532
 County, City State Zip Code
696-483-4225 Mike33390.D34@gmail.com
 Telephone Number Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



**United States District Court
Southern District of New York**

Pro Se (Nonprisoner) Consent to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

1. Sign up for a PACER login and password by contacting PACER¹ at www.pacer.uscourts.gov or 1-800-676-6856;
2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.² Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, *you should print or save the document during the "free look" to avoid future charges.*

IMPORTANT NOTICE

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

1. You will no longer receive documents in the mail;
2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
3. This service does *not* allow you to electronically file your documents;
4. It will be your duty to regularly review the docket sheet of the case.³

¹ Public Access to Court Electronic Records (PACER) (www.pacer.uscourts.gov) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

² You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. See ECF Rule 4.3

³ The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.

PRO SE INTAKE WINDOW LOCATIONS:

40 FOLEY SQUARE | NEW YORK, NY 10007
300 QUARROPAS STREET | WHITE PLAINS, NY 10601

MAILING ADDRESS:

500 PEARL STREET | NEW YORK, NY 10007
PRO SE INTAKE UNIT: 212-805-0136

123-CV-06968 MMG

I left my Place. Because it was making me sick, I tried to move to Florida, but the City of My Has a lot of Issues and I Just want to live with out all this crazy stuff. But some of my neighbors are still harassing me, still not letting me sleep and still putting chemicals in or near my atp. I have ~~photos~~ pictures

I definitely not the person stuck on racist stuff But they are and very weird. Please add I complaint

9/27/24

Michael Andrew
Andrew